

1 H.222

2 An act relating to reducing overdoses

3 It is hereby enacted by the General Assembly of the State of Vermont:

4 * * * Needle and Syringe Disposal Expansion * * *

5 Sec. 1. 18 V.S.A. § 4224 is amended to read:

6 § 4224. UNUSED PRESCRIPTION DRUG, NEEDLE, AND SYRINGE
7 DISPOSAL PROGRAM

8 (a) The Department of Health shall establish and maintain the statewide
9 Unused Prescription Drug, Needle, and Syringe Disposal Program to provide
10 for the safe disposal of Vermont residents' unused and unwanted prescription
11 drugs, needles, and syringes. The Program may include establishing secure
12 collection and disposal sites and providing medication envelopes for sending
13 unused prescription drugs to an authorized collection facility for destruction.

14 * * *

15 Sec. 2. REGIONAL STAKEHOLDER MEETINGS; PUBLIC NEEDLE AND
16 SYRINGE DISPOSAL PROGRAMS

17 (a) Between July 1 and December 31, 2023, the Department of Health and
18 the Blueprint for Health shall facilitate a series of regional stakeholder
19 meetings regarding public needle and syringe disposal programs. The
20 meetings shall include representatives from municipalities, hospitals,
21 individuals with lived experience of injection drug use, and substance use
22 disorder service providers, with the goal of determining the appropriate

1 placement of public needle and syringe disposal programs based on local
2 needs, best practices, and rural access.

3 (b) On or before January 15, 2024, the Department shall present
4 information to the House Committee on Human Services and to the Senate
5 Committee on Health and Welfare regarding the progress of the regional
6 stakeholder meetings required pursuant to this section and the statewide
7 establishment of public needle and syringe disposal programs.

8 Sec. 3. APPROPRIATION; COMMUNITY NEEDLE AND SYRINGE
9 DISPOSAL PROGRAMS

10 In fiscal year 2024, \$150,000.00 is authorized from the Evidence-Based
11 Education and Advertising Fund in 33 V.S.A. 2004a to the Department of
12 Health's Division of Substance Use Programs to provide grants and
13 consultations for municipalities, hospitals, community health centers, and other
14 publicly available community needle and syringe disposal programs that
15 participated in a stakeholder meeting pursuant to Sec. 2 of this act.

16 Sec. 3a. [Deleted.]

17 Sec. 3b. PRESENTATION; NEEDLE AND SYRINGE SERVICES

18 On or before February 15, 2024, the Department of Health, in consultation
19 with stakeholders, including needle and syringe service providers, individuals
20 with lived experience of injection-use drugs, other community-based service
21 providers, and representatives from regions of the State without a fixed site for

1 syringe service programs, shall present to the House Committee on Human
2 Services and to the Senate Committee on Health and Welfare information
3 addressing:

4 (1) unmet needle and syringe service needs throughout the State;

5 (2) required resources to ensure equitable access to needle and syringe
6 services throughout the State; and

7 (3) who is best positioned to provide needle and syringe services.

8 * * * Opioid Antagonists * * *

9 Sec. 4. 18 V.S.A. § 4240 is amended to read:

10 § 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED
11 OVERDOSES

12 (a) As used in this section:

13 (1) “Health care professional” means a physician licensed pursuant to
14 26 V.S.A. chapter 23 or 33, a physician assistant licensed to prescribe and
15 dispense prescription drugs pursuant to 26 V.S.A. chapter 31, an advanced
16 practice registered nurse authorized to prescribe and dispense prescription
17 drugs pursuant to 26 V.S.A. chapter 28, or a pharmacist licensed pursuant to
18 26 V.S.A. chapter 36.

19 (2) “Opioid antagonist” means a drug that, when administered, negates
20 or neutralizes in whole or part the pharmacological effects of an opioid in the
21 body.

1 (3) “Victim” means the person who has overdosed on an opioid ~~drug~~ or
2 who is believed to have overdosed on an ~~opiate drug~~ opioid.

3 (b) For the purpose of addressing prescription and nonprescription opioid
4 overdoses in Vermont, the Department shall develop and implement a
5 prevention, intervention, and response strategy, depending on available
6 resources, that shall:

7 (1) provide educational materials on opioid overdose prevention to the
8 public free of charge, ~~including to substance abuse treatment providers, health~~
9 ~~care providers, opioid users, and family members of opioid users;~~

10 (2) increase community-based prevention programs aimed at reducing
11 risk factors that lead to opioid overdoses;

12 (3) increase timely access to treatment services for opioid users,
13 including ~~medication-assisted treatment~~ medication for opioid use disorder;

14 (4)(A) educate substance ~~abuse~~ use treatment providers on methods to
15 prevent opioid overdoses;

16 (B) provide education, information, and training on overdose
17 prevention, intervention, and response, including the status of legal possession
18 of substances and harm reduction supplies, to individuals living with ~~addiction~~
19 opioid use disorder and participating in ~~opioid treatment programs~~, needle and
20 syringe exchange programs, recovery programs, residential ~~drug~~ substance use
21 disorder treatment programs, or correctional services;

1 (5) ~~facilitate overdose prevention, drug treatment, and addiction~~
2 ~~recovery services by implementing and expanding~~ implement and expand
3 hospital referral services for individuals treated for an opioid overdose; ~~and~~

4 (6) develop a statewide opioid antagonist ~~pilot~~ program that emphasizes
5 access to opioid antagonists to and for the benefit of individuals with a ~~history~~
6 ~~of~~ opioid use disorder;

7 (7) distribute opioid antagonists to assist those at risk of experiencing an
8 opioid-related overdose; and

9 (8) establish opioid antagonist dispensing kiosks in locations accessible
10 to those at risk of experiencing an opioid-related overdose.

11 (c)(1) A health care professional acting in good faith and within ~~his or her~~
12 the professional's scope of practice may directly or by standing order
13 prescribe, dispense, and distribute an opioid antagonist to the following
14 persons; ~~provided the person has been educated about opioid-related overdose~~
15 ~~prevention and treatment in a manner approved by the Department:~~

16 (A) a person at risk of experiencing an opioid-related overdose; or

17 (B) a family member, friend, or other person in a position to assist a
18 person at risk of experiencing an opioid-related overdose.

19 (2) A health care professional who prescribes, dispenses, or distributes
20 an opioid antagonist in accordance with subdivision (1) of this subsection shall
21 be immune from civil or criminal liability with regard to the subsequent use of

1 the opioid antagonist, unless the health professional's actions with regard to
2 prescribing, dispensing, or distributing the opioid antagonist constituted
3 recklessness, gross negligence, or intentional misconduct. The immunity
4 granted in this subdivision shall apply whether or not the opioid antagonist is
5 administered by or to a person other than the person for whom it was
6 prescribed.

7 (d)(1) A person may administer an opioid antagonist to a victim if ~~he or she~~
8 the person believes, in good faith, that the victim is experiencing an opioid-
9 related overdose.

10 (2) ~~After a person has administered an opioid antagonist pursuant to~~
11 ~~subdivision (1) of this subsection (d), he or she shall immediately call for~~
12 ~~emergency medical services if medical assistance has not yet been sought or is~~
13 ~~not yet present.~~

14 (3) A person shall be immune from civil or criminal liability for
15 administering an opioid antagonist to a victim pursuant to subdivision (1) of
16 this subsection unless the person's actions constituted recklessness, gross
17 negligence, or intentional misconduct. The immunity granted in this
18 subdivision shall apply whether or not the opioid antagonist is administered by
19 or to a person other than the person for whom it was prescribed.

20 (e) A person acting on behalf of a community-based overdose prevention
21 program or a licensed pharmacist shall be immune from civil or criminal

1 liability for providing education on opioid-related overdose prevention or for
2 purchasing, acquiring, distributing, or possessing an opioid antagonist unless
3 the person's actions constituted recklessness, gross negligence, or intentional
4 misconduct.

5 (f) Any health care professional who treats a victim and who has
6 knowledge that the victim has been administered an opioid antagonist within
7 the preceding 30 days shall refer the victim to professional substance ~~abuse~~ use
8 disorder treatment services.

9 * * * Operation of Needle and Syringe Service Programs * * *

10 Sec. 5. 18 V.S.A. § 4475 is amended to read:

11 § 4475. DEFINITIONS

12 (a) As used in this chapter:

13 (1) The term “drug paraphernalia” means all equipment, products,
14 devices, and materials of any kind that are used, or promoted for use or
15 designed for use, in planting, propagating, cultivating, growing, harvesting,
16 manufacturing, compounding, converting, producing, processing, preparing,
17 testing, analyzing, packaging, repackaging, storing, containing, concealing,
18 injecting, ingesting, inhaling, or otherwise introducing into the human body a
19 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”
20 does not include needles ~~and~~, syringes, or other harm reduction supplies
21 distributed or possessed as part of an organized community-based needle

1 exchange program.

2 * * *

3 * * * Prescribing Medications to Treat Opioid Use Disorder * * *

4 Sec. 6. 8 V.S.A. § 4089i is amended to read:

5 § 4089i. PRESCRIPTION DRUG COVERAGE

6 * * *

7 (e)(1) A health insurance or other health benefit plan offered by a health
8 insurer or by a pharmacy benefit manager on behalf of a health insurer that
9 provides coverage for prescription drugs and uses step-therapy protocols shall
10 not require failure on the same medication on more than one occasion for
11 continuously enrolled members or subscribers.

12 (2) Nothing in this subsection shall be construed to prohibit the use of
13 tiered co-payments for members or subscribers not subject to a step-therapy
14 protocol.

15 (3) Notwithstanding subdivision (1) of this subsection, a health
16 insurance or other health benefit plan offered by an insurer or by a pharmacy
17 benefit manager on behalf of a health insurer that provides coverage for
18 prescription drugs shall not utilize a step-therapy, “fail first,” or other protocol
19 that requires documented trials of a medication, including a trial documented
20 through a “MedWatch” (FDA Form 3500), before approving a prescription for
21 the treatment of substance use disorder.

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Sec. 6a. 18 V.S.A. § 4750 is amended to read:

§ 4750. DEFINITIONS

As used in this chapter:

* * *

(2) ~~“Medication-assisted treatment~~ Medication for opioid use disorder”

means the use of U.S. Food and Drug Administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

Sec. 6b. 18 V.S.A. § 4752 is amended to read:

§ 4752. ~~OPIOID ADDICTION~~ OPIOID USE DISORDER TREATMENT SYSTEM

(a) The Departments of Health and of Vermont Health Access shall establish by rule in accordance with 3 V.S.A. chapter 25 a regional system of ~~opioid addiction~~ use disorder treatment.

(b) The rules ~~shall include the following requirements:~~ may address requirements for pharmacological treatment, including initial assessments, ongoing follow-up, provider education, and diversion prevention.

~~(1) Patients shall receive appropriate, comprehensive assessment and therapy from a physician or advanced practice registered nurse and from a licensed clinical professional with clinical experience in addiction treatment,~~

1 including a psychiatrist, master's or doctorate-level psychologist, mental
2 health counselor, clinical social worker, or drug and alcohol abuse counselor.

3 ~~(2) A medical assessment shall be conducted to determine whether~~
4 ~~pharmacological treatment, which may include methadone, buprenorphine, and~~
5 ~~other federally approved medications to treat opioid addiction, is medically~~
6 ~~appropriate.~~

7 ~~(3) A routine medical assessment of the appropriateness for the patient~~
8 ~~of continued pharmacological treatment based on protocols designed to~~
9 ~~encourage cessation of pharmacological treatment as medically appropriate for~~
10 ~~the individual treatment needs of the patient.~~

11 ~~(4)(c) Controlled substances for use in federally approved~~
12 ~~pharmacological treatments for treating opioid addiction use disorder shall be~~
13 ~~dispensed only by:~~

14 ~~(A)(1) a treatment program authorized by the Department of Health;~~
15 ~~or~~

16 ~~(B)(2) a physician or advanced practice registered nurse health care~~
17 ~~provider who is not affiliated with an authorized treatment program but who~~
18 ~~meets federal requirements for use of controlled substances in the~~
19 ~~pharmacological treatment of opioid addiction use disorder.~~

20 ~~(5) Comprehensive education and training requirements shall apply for~~
21 ~~health care providers, pharmacists, and the licensed clinical professionals listed~~

1 ~~in subdivision (1) of this subsection, including relevant aspects of therapy and~~
2 ~~pharmacological treatment.~~

3 ~~(6) Patients shall abide by rules of conduct, violation of which may~~
4 ~~result in discharge from the treatment program, including:~~

5 ~~(A) provisions requiring urinalysis at such times as the program may~~
6 ~~direct;~~

7 ~~(B) restrictions on medication dispensing designed to prevent~~
8 ~~diversion of medications and to diminish the potential for patient relapse; and~~

9 ~~(C) such other rules of conduct as a provider authorized to provide~~
10 ~~treatment under subdivision (4) of this subsection (b) may require.~~

11 (d) Controlled substances for use in treatment of opioid use disorder may
12 be prescribed via telehealth in accordance with federal requirements.

13 (e) The Department of Vermont Health Access or the Department's
14 pharmacy benefits manager shall not require a health care provider to
15 document a patient's adverse reaction to a medication prior to prescribing an
16 alternative medication for opioid use disorder to the patient.

17 Sec. 6c. 18 V.S.A. § 4753 is amended to read:

18 § 4753. CARE COORDINATION

19 Prescribing physicians and collaborating health care and addictions
20 professionals may coordinate care for patients receiving ~~medication-assisted~~
21 ~~treatment for substance~~ medication for opioid use disorder, which may include

1 monitoring adherence to treatment, coordinating access to recovery supports,
2 and providing counseling, contingency management, and case management
3 services.

4 * * * Prior Authorization of Medication for Opioid Use Disorder for Medicaid

5 Beneficiaries * * *

6 Sec. 7. 33 V.S.A. § 19011 is added to read:

7 § 19011. MEDICATION FOR OPIOID USE DISORDER

8 (a) The Agency of Human Services shall provide coverage to Medicaid
9 beneficiaries for medically necessary medication for opioid use disorder when
10 prescribed by a health care professional practicing within the scope of the
11 professional's license and participating in the Medicaid program.

12 (b) Pending approval of the Drug Utilization Review Board, the Agency
13 shall cover at least one medication in each therapeutic class for methadone,
14 buprenorphine, and naltrexone as listed on Medicaid's preferred drug list
15 without requiring prior authorization.

16 Sec. 8. PRIOR AUTHORIZATION; MEDICATION FOR OPIOID USE
17 DISORDER; COMMUNITY REENTRY

18 On or before November 1, 2023, the Joint Legislative Justice Oversight
19 Committee shall provide recommendations to the House Committee on Human
20 Services and to the Senate Committee on Health and Welfare regarding any
21 legislative action needed to ensure continuity of treatment for individuals

1 reentering the community after discharge from a correctional setting, including
2 eliminating prior authorization for medication for opioid use disorder.

3 Sec. 8a. REPORT; PRIOR AUTHORIZATION; SUBSTANCE USE

4 DISORDER TREATMENT

5 The Department of Vermont Health Access shall research, in
6 consultation with individuals representing diverse professional perspectives,
7 the feasibility and costs of administering a gold card program for substance use
8 disorder treatment in which the Agency of Human Services shall not require a
9 health care provider to obtain prior authorization for substance use disorder
10 treatment if, in the most recent six-month evaluation period, the Agency has
11 approved or would have approved not less than 90 percent of the prior
12 authorization requests submitted by the health care provider for the medication.
13 On or before December 1, 2023, the Department's research shall be submitted
14 to the Drug Utilization Review Board and Clinical Utilization Review Board
15 for review, consideration, and the provision recommendations. On or before
16 April 1, 2024, the Drug Utilization Review Board and Clinical Utilization
17 Review Board shall each submit their recommendations to the House
18 Committee on Human Services and to the Senate Committee on Health and
19 Welfare.

1 Sec. 8b. RULEMAKING; PRIOR AUTHORIZATION; BUPRENORPHINE

2 The Department of Vermont Health Access shall amend its rules pursuant to
3 3 V.S.A. chapter 25 to enable health care providers in office-based opioid-
4 treatment programs to prescribe 24 milligrams or less of the preferred
5 medication for buprenorphine without prior authorization in accordance with
6 33 V.S.A. § 19011.

7 * * * Recovery Residences * * *

8 Sec. 9. 24 V.S.A. § 4412 is amended to read:

9 § 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

10 Notwithstanding any existing bylaw, the following land development
11 provisions shall apply in every municipality:

12 (1) Equal treatment of housing and required provisions for affordable
13 housing.

14 * * *

15 (G) A residential care home or group home to be operated under
16 State licensing or registration, serving not more than eight persons who have a
17 disability as defined in 9 V.S.A. § 4501, or a recovery residence serving not
18 more than eight persons, shall be considered by right to constitute a permitted
19 single-family residential use of property. This subdivision (G) does not require
20 a municipality to allow a greater number of residential care homes or group
21 homes on a lot than the number of single-family dwellings allowed on the lot.

1 As used in this subdivision, “recovery residence” means a shared living
2 residence supporting persons recovering from a substance use disorder that:

3 (i) Provides tenants with peer support and assistance accessing
4 support services and community resources available to persons recovering
5 from substance use disorders.

6 (ii) Is certified by an organization approved by the Department of
7 Health and that is either a Vermont affiliate of the National Alliance for
8 Recovery Residences or another approved organization or is pending such
9 certification. If certification is pending beyond 45 days, the municipality shall
10 retain its right to consider the residence pursuant to zoning bylaws adopted in
11 compliance with 24 V.S.A. § 4411.

12 * * *

13 * * * Remove Future Repeal of Buprenorphine Exemption * * *

14 Sec. 10. REPEAL

15 2021 Acts and Resolves No. 46, Sec. 3 (repeal of buprenorphine exemption)
16 and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

17 * * * Drug Checking for Contamination Detection * * *

18 Sec. 11. 18 V.S.A. § 4201 is amended to read:

19 § 4201. DEFINITIONS

20 As used in this chapter, ~~unless the context otherwise requires:~~

21 * * *

1 (45) “Approved drug-checking service provider” means a provider who
2 complies with operating guidelines developed by the Department of Health
3 pursuant to section 4240a of this title.

4 (46) “Drug-checking” means the testing of a substance to determine its
5 chemical composition or assist in determining whether the substance contains
6 contaminants, toxic substances, or hazardous compounds.

7 Sec. 12. 18 V.S.A. § 4240a is added to read:

8 § 4240a. OVERDOSE PREVENTION; DRUG-CHECKING FOR
9 CONTAMINANT DETECTION

10 (a) Notwithstanding any other provision of law, it shall not be a violation of
11 this chapter for an approved drug-checking service provider to receive,
12 possess, transport, or store samples of a substance that may contain a regulated
13 drug solely for purposes of analyzing the substance to determine its chemical
14 composition and disseminate information regarding the analysis to the provider
15 of the substance.

16 (b) On-site approved drug-checking service providers shall be permitted to:

17 (1) collect voluntarily provided residual samples of substances
18 potentially containing regulated drugs, possess, transport, or store samples of a
19 regulated drug solely for purposes of analyzing the substances to determine its
20 chemical composition as a lifesaving intervention;

1 (2) use any available technologies to analyze the contents of samples to
2 obtain timely, highly accurate information regarding the composition of drugs
3 to prevent overdose and mitigate health risks;

4 (3) provide results of analysis obtained from drug-checking technology
5 to the person requesting drug services;

6 (4) disseminate data containing only the results of analysis and
7 containing no personally identifiable information to community members at
8 risk of overdose; and

9 (5) if necessary, arrange for a sample of a drug or substance to be tested
10 by an approved laboratory.

11 (c) In operating any drug-checking service, personally identifiable
12 information may be collected from a person providing a controlled substance
13 to an approved drug-checking service provider only as necessary to
14 communicate drug-checking results to the person. Personally identifiable
15 information collected solely for the purposes of communicating drug-checking
16 results shall not be retained or shared by an approved drug-checking service
17 provider.

18 (d) An employee, contractor, volunteer, or other person acting in the good
19 faith provision of drug-checking services and, acting in accordance with
20 established protocols shall not:

1 (1) be subject to arrest, charge, or prosecution for a violation pursuant to
2 this chapter, including for attempting to, aiding and abetting in, or conspiracy
3 to commit a violation of this chapter;

4 (2) have their property subject to forfeiture, any civil or administrative
5 penalty, or liability of any kind, including disciplinary action by a professional
6 licensing board, credentialing restrictions, contractual or civil liability, or
7 medical staff or other employment action; or

8 (3) be denied any right or privilege for actions, conduct, or omissions
9 relating to the operation of a drug-checking service in compliance with this
10 chapter and any rules adopted pursuant to this chapter.

11 (e) An individual possessing a regulated substance and who provides any
12 portion of the substance to an approved drug-checking service provider
13 pursuant to this section for purposes of obtaining drug-checking services shall
14 not be subject to arrest, charge, or prosecution for possession of a regulated
15 substance pursuant to this chapter or civil or administrative penalty or
16 disciplinary action by a professional licensing board for a violation of this
17 chapter based on the individual's use or attempted use of drug-checking
18 services in accordance with this section. The immunity provisions of this
19 subsection shall apply only to the use and derivative use of evidence gained as
20 a proximate result of an individual seeking drug-checking services and shall

1 not preclude prosecution of the individual on the basis of evidence obtained
2 from an independent source.

3 (f) Local governments shall not collect, maintain, use, or disclose any
4 personal information relating to an individual from whom local government
5 receives any drug or substance for checking or disposal.

6 (g) The result of a test carried out by an approved drug-checking service
7 provider shall not be admissible as evidence in any criminal or civil
8 proceeding.

9 (h)(1) The Department shall provide technical assistance to and develop
10 operating guidelines for drug-checking service providers.

11 (2) The Department shall coordinate the collection and dissemination of
12 deidentified data related to drug-checking services to inform prevention and
13 public health initiatives.

14 * * * Opioid Abatement Special Fund * * *

15 Sec. 13. 18 V.S.A. § 4774 is amended to read:

16 § 4774. OPIOID ABATEMENT SPECIAL FUND

17 (a)(1) There is created the Opioid Abatement Special Fund, a special fund
18 established and managed pursuant to 32 V.S.A. chapter 7, subchapter 5 and
19 administered by the Department of Health. The Opioid Abatement Special
20 Fund shall consist of all abatement account fund monies disbursed to the
21 Department from the national abatement account fund, the national opioid

1 abatement trust, the supplemental opioid abatement fund, or any other
2 settlement funds that must be utilized exclusively for opioid prevention,
3 intervention, treatment, recovery, and harm reduction services.

4 (2) The Department shall ~~include~~ submit a spending plan to the General
5 Assembly, informed by the recommendations of the Opioid Settlement
6 Advisory Committee established pursuant to section 4772 of this subchapter,
7 ~~as part of its annual budget submission,~~ annually on or before January 15 and
8 once funding is approved appropriated by the General Assembly from the
9 Opioid Abatement Special Fund, the Department shall request to have the
10 funds formally released from the national abatement account fund, the national
11 opioid abatement trust, the supplemental opioid abatement fund, or any other
12 settlement funds that must be utilized exclusively for opioid prevention,
13 intervention, treatment, recovery, and harm reduction services. The
14 Department shall disburse monies from the Opioid Abatement Special Fund
15 pursuant to 32 V.S.A. chapter 7, subchapter 3.

16 * * *

17 Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

18 In fiscal year 2023, the following monies shall be appropriated from the
19 Opioid Abatement Special Fund pursuant to 18 V.S.A. § 4774:

20 (1) \$1,980,000.00 for the expansion of naloxone distribution efforts,
21 including establishing harm reduction vending machines, home delivery and

1 mail order options, and expanding the harm reduction pack and leave behind
2 kit programs;

3 (2)(A) \$2,000,000.00 divided equally between four opioid treatment
4 programs to cover costs associated with partnering with other health care
5 providers to expand satellite locations for the dosing of medications, including
6 costs associated with the satellite locations' physical facilities, staff time at the
7 satellite locations, and staff time at opioid treatment programs to prepare
8 medications and coordinate with satellite locations;

9 (B) the satellite locations established pursuant to this subdivision (2)
10 shall be located in Addison County, eastern or southern Vermont, Chittenden
11 County, and a facility operated by the Department of Corrections;

12 (3)(A) \$1,976,000.00 to fund 26 outreach or case management staff
13 positions within the preferred provider network for the provision of services
14 that increase motivation of and engagement with individuals with substance
15 use disorder in settings such as police barracks, shelters, social service
16 organizations, and elsewhere in the community;

17 (B) it the intent of the General Assembly that these positions shall be
18 funded annually by the Opioid Abatement Special Fund unless and until the
19 Special Fund does not have sufficient monies to fund this expenditure;

20 (4) \$400,000.00 divided equally among the State's four syringe service
21 providers to provide overdose prevention services and response education and

1 resources that build trust between individuals with substance use disorder and
2 Vermont's system of care;

3 (5) \$840,000.00 to provide contingency management services to
4 individuals with substance use disorder;

5 (6) \$100,000.00 to implement a wound care telehealth consultation pilot
6 program for the purpose of utilizing wound care experts to provide telehealth
7 drop-in appointments to address syringe use by individuals with opioid use
8 disorder;

9 (7) \$200,000.00 to expand the distribution of fentanyl test strips and, if
10 available, xylazine test strips; and

11 (8)(A) \$700,000.00 to the Department of Health's Division of Substance
12 Use Programs to award one or more grants to an organization or organizations
13 providing or preparing to implement drug-checking services with spectroscopy
14 devices, including high-pressure mass spectrometer (HPMS) or Fourier-
15 transform infrared spectroscopy device (FTIR), in a harm reduction setting;

16 (B) the grants awarded pursuant to this subdivision (8) shall be based
17 on an applicant's ability to provide publicly available drug-checking services.

18 * * * Effective Dates * * *

19 Sec. 15. EFFECTIVE DATES

20 This act shall take effect on passage, except that Sec. 7 (medication for
21 opioid use disorder) shall take effect on September 1, 2023 and Sec. 8b

1 (rulemaking; prior authorization; buprenorphine) shall take effect on January 1,
2 2024.